

**L13000111081**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

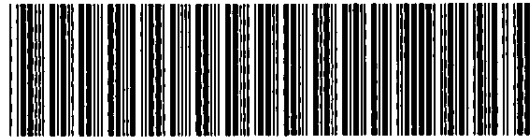
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/06/13--01011--003 \*\*160.00

RECEIVED  
DEPARTMENT OF STATE  
FILED  
13 AUG - 6 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **08/06/2013**

**REF. #:**           **8854050**

**CORP. NAME:**   **IPCP GAMMA 1, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70005711 FOR \$ 160.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**IPCP GAMMA 1, LLC**  
**a Florida limited liability company**

1. The name of the limited liability company is:

IPCP GAMMA 1, LLC.

2. The mailing and street address of the principal office of the limited liability company is:

225 NE Mizner Boulevard  
Suite 400  
Boca Raton, FL 33432.

3. The name and street address of the initial registered agent of the limited liability company are:

IP Capital Partners, LLC  
225 NE Mizner Boulevard  
Suite 400  
Boca Raton, FL 33432.

Dated: as of August 2nd, 2013.

  
\_\_\_\_\_  
Jason Isaacson  
Authorized Representative


**FILED**  
**13 AUG -6 AM 9:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) it accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) it is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: as of August 2<sup>nd</sup>, 2013.

**IP Capital Partners, LLC**  
Registered Agent



By: JASON ISAACSON, as Manager of 5 Eyes  
Acquisitions, LLC, the Manager of JIP  
Partners, LLC, the Managing Member of  
IP Capital Partners, LLC